

**MULTIPLE DEPENDENT CLAIM
FEES CALCULATION SHEET**
(USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/019741

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		0		1		
6		0		1		
7				1		
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50						
TOTAL IND.	1		1			
TOTAL DEP.	7		5			
TOTAL CLAIMS	8		6			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS